

Utah State Library for the Blind and Disabled
250 North 1950 West Suite A
Salt Lake City UT 84116-7901

Application for Free Library Service--Individual

Please Type or Print Clearly

Date _____

Name (Last)_____ (First)_____ (Initial)_____

Mailing address (Street) _____

(City) _____ (County) _____ (State) _____ (Zip code) _____

Phone (Include area code) (_____)_____

Date of Birth _____ **Sex** _____

E-mail address _____

Contact Person: Please indicate the name, address and phone number of someone we can contact if we are unable to contact you (family member if possible):

(Name) _____ (Daytime Phone) _____

(Address) _____

NOTICE: Records relating to recipients of Library of Congress reading material are confidential. By law, preference in lending of books and equipment is given to veterans. Please check here if you have been honorably discharged from the armed forces of the United States: _____

Equipment

You must borrow a cassette player from the library in order to play the library's books on cassette. Check below if you wish to receive a cassette player and books on cassette.

_____ **Talking books on cassette and a Cassette Player**
(plays 1 7/8 ips, 15/16 ips, 2 track and 4 track cassettes)

Playback equipment and special attachments are supplied to eligible

persons on extended loan. If this equipment is not being used in conjunction with recorded reading materials provided by the Library of Congress and its cooperating libraries, it must be returned to the Library for the Blind. An individual must borrow at least one book or magazine a year to retain the use of borrowed equipment. Materials received from sources other than the library do not qualify for continuance of service.

Accessories such as amplifiers for the hearing impaired, remote controls, breath switches and extension levers for the physically disabled are available to patrons under special conditions. Contact the library for the application forms for these accessories or for more information.

Service Preferences

You may have books on cassette, large print and/or braille. Please indicate your preferences, the number of books, and how often you want to receive them. These preferences may be changed later by calling the library.

_____ Recorded Cassettes:

- _____ Book(s) every _____ days
- _____ One book when one returned
- _____ Select titles for me from my designated subject categories
- _____ Send only titles I request

_____ Large Print Books:

- _____ Book(s) every _____ days
- _____ One book when one returned
- _____ Select titles for me from my designated subject categories
- _____ Send only titles I request

_____ Braille Books:

- _____ Book(s) every _____ days
- _____ One book when one returned
- _____ Select titles for me from my designated subject categories
- _____ Send only titles I request

If you require materials in languages other than English, please list those languages here: _____

MAGAZINES

A wide variety of magazines are also available on a free subscription basis. Please check below if you would like a list of magazines available.

_____ Magazines in Braille
 _____ Magazines on Cassette and in Large Print

Subject Categories

If you wish to have books selected for you or if you wish to have books substituted when your requests are not available, please check at least six of the categories below. These categories can be changed at any time by calling the library.

Checking the subjects below will also help the library determine which catalogs will be sent to you upon receipt of your completed application.

Fiction

_____ 010 Adventure & Spy Stories
 _____ 011 Animal Stories
 _____ 041 Bestsellers, Fiction
 _____ 061 Classics, Pre-20th Century
 _____ 062 Classics, 20th Century
 _____ 181 Fantasy
 _____ 080 Gothics
 _____ 100 Historical Novels
 _____ 246 Modern Stories
 _____ 140 Mystery & Detectives
 _____ 161 Occult & Supernatural
 _____ 570 Pioneer Stories
 _____ 784 Religious Fiction
 _____ 794 Religion, LDS Fiction
 _____ 120 Romance Novels
 _____ 180 Science Fiction
 _____ 258 Short Stories
 _____ 020 Suspense Novels
 _____ 200 War Stories
 _____ 220 Western Stories
 _____ 280 Young Adult Novels
 _____ Children's Literature
 _____ (Reading Level _____)

Nonfiction

_____ 042 Bestsellers, Nonfiction
 _____ 440 Biographies (General)
 _____ 523 Biographies,
 Actors/Actresses
 _____ 480 Business
 _____ 500 Government & Politics
 _____ 543 Health/Nutrition
 _____ 567 History, Frontier & Western
 _____ 566 History, United States
 (Biographies of Presidents)
 _____ 562 History, World
 _____ Home Economics
 _____ (Areas _____)
 _____ 600 Humor
 _____ 160 Occult & Supernatural
 _____ 732 Poetry
 _____ 793 Religion, LDS
 _____ Religion
 _____ (Denomination) _____
 _____ Science
 _____ (Areas) _____
 _____ 840 Sports (Includes
 Biographies)

_____ 864 Travel, United States
_____ 861 Travel, World
_____ 880 War History

My other reading interests are: _____

I do NOT wish to receive books that contain:

_____ Violence _____ Strong language _____ Explicit descriptions of sex

Eligibility and Certification Requirements

If you are blind, have a visual disability, or have physical limitations, you must be certified by a "**competent authority**." A competent authority is defined to include doctors of medicine, doctors of osteopathy, ophthalmologists, optometrists, registered nurses, therapists, professional staff of hospitals, institutions, and public or welfare agencies (e.g. social workers, counselors, rehabilitation teachers and superintendents). In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress. In order to receive service, the rest of this form must be completed by a competent authority as listed.

In case of reading disability from organic dysfunction, competent authority is defined as doctors of medicine or a doctor of osteopathy who may consult with colleagues in associated disciplines.

TO BE COMPLETED BY CERTIFYING AUTHORITY:

I certify that the applicant named below is unable to read or use standard printed materials for the reason(s) indicated below:

_____ **BLINDNESS:** Visual acuity of 20/200 or less in the better eye with correcting glasses, or the widest diameter of visual field subtending an angular distance no greater than 20 degrees.

_____ **VISUAL DISABILITY:** Inability to read standard printed material without aids or devices other than regular glasses

_____ **PHYSICAL DISABILITY:** Inability to read or use standard printed material due to physical limitations, e.g. Muscular Dystrophy, Multiple Sclerosis, Cerebral Palsy, Parkinson's Disease, paralysis, missing arms or hands, extreme weakness.

_____ **READING DISABILITY:** Organic dysfunction of sufficient severity as to prevent reading printed material in normal manner. **Requires an M.D. or D.O. signature for certification as defined above.**

_____ **DEAF/BLIND:** Visual acuity of 20/200 or less in the better eye with correcting glasses, or the widest diameter of visual field subtending an angular distance no greater than 20 degrees, and with a hearing impairment disability.

In addition to any of the conditions above, is there a hearing impairment?

_____ Moderate: Some difficulty hearing and understanding speech

_____ Profound: Cannot hear or understand speech

****Note:** An *original signature* (not a signature stamp) by the certifying authority is required for certification. Faxes or copies of the certification are **NOT** acceptable.

Signature of Certifying Authority

Title or Occupation

Please Print

Name of Certifying Authority

Address

Date _____ **Phone** _____

Special Radio Receiver

The library broadcasts readings from local newspapers and other programming on specially tuned radio receivers available on loan. This programming is broadcast on side bands of FM stations in Utah. Reception is currently limited to:

- **The Wasatch Front from Ogden to Nephi** (served by KBYU, 89.1 FM, Provo)
- **Cache Valley** (served by KUSU, 91.5 FM, Logan)
- **Cedar City/St. George area** (served by KREC, 98.1 FM, St. George).

Check in the space below the FM radio station you can receive. Please fill in your name. The library will send the specially tuned receiver and a schedule of programming.

_____ KBYU, 89.1 FM, Provo _____ KUSU, 91.5 FM, Logan

_____ KREC, 98.1 FM, Cedar City/St. George

Name _____

* * * * *

To Return Completed Application Form...

Once this application form is completed and certified, mail it to the library at:

Utah State Library for the Blind & Disabled
250 N 1950 W Suite A
Salt Lake City UT 84116-7901

Questions? Review the [instruction page](#) or call the library at:

(801) 715-6789
800-662-5540 Utah Toll Free
800-453-4293 Out-of-state Toll Free